

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	CIRCUIT ARRANGEMENT FOR OPERATING DISCHARGE LAMPS
Attorney Docket Number::	02P14273
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: SIEGFRIED  
Middle Name::  
Family Name:: MAYER  
City of Residence:: MOOSINNING  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing HERDEGENSTR. 4  
Address::  
City of Mailing Address:: MOOSINNING  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 85452

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: ARWED  
Middle Name::  
Family Name:: STORM  
City of Residence:: DACHAU  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing E. -OLLENHAUER-STR. 17H  
Address::  
City of Mailing Address:: DACHAU  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 85221

**Correspondence Information**

Correspondence Customer 24,252  
Number::  
Name:: OSRAM SYLVANIA  
Street of Mailing Address:: 100 Endicott Street  
City of Mailing Address:: Danvers  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 01923  
Phone Number:: 978-777-1900  
Fax Number::  
E-Mail Address::

**Representative Information**

Representative Customer Number::	24,252
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	102 41 327.4	9/4/02	Yes

**Assignment Information**

Assignee Name:: PATENT-TREUHAND-GESELLSCHAFT  
FÜR ELEKTRISCH GLÜHLAMPEN MBH

Street of Mailing Address:: Hellabrunner Str. 1

City of Mailing Address:: MÜNCHEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 81543